### MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

#### **Minutes**

#### November 15, 2011

<u>Maryland Advisory Council Members:</u> M. Sue Diehl, Chair; Robert M. Pender, Vice-Chair; Mike Finkle, Livia Pazourek, Charles Reifsnider, Anita Solomon

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Michele Forzley, Joshana Goga, Edwin C. Oliver, John Scharf, Anthony Swetz, Jr., Robert Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

<u>PL 102-321 Council Members Present</u>: Carol Allenza, Kate Farinholt, Vira Froehlinger, Duane Felix for William Manahan, Gerri Gray, Victor Henderson, Julie Jerscheid, Dan Martin, Sarah Rhine, Kathleen Ward, Phoenix Woody

<u>PL 102-321 Council Members Absent:</u> Lynn Albizo, T.E. Arthur, Naomi Booker, Tracee Bryant, Sarah Burns, Coordinator; Peter Cohen, Chicquita Crawford, Herb Cromwell, Lee Crump, Lesa Diehl, Catherine Drake, A. Scott Gibson, Diane Herr, Cindy Kauffman, Michael Lang, Sharon Lipford, Coordinator; George Lipman, Cynthia Petion, Jacqueline Powell, Linda Raines, Sheryl Sparer, Jane Walker

MHA Staff Present: Al Zachik, Robin Poponne, Iris Reeves, Greta Carter

<u>Guests and Others</u>: Reverend Linda J. Post, Dennis McDowell, Joanne Meekins, Consumer Quality Team of MD; Gerald Beemer, Shore Behavioral Health MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 COUNCIL Minutes of November 15, 2011 Page 2

#### **INTRODUCTIONS/ADOPTION OF MINUTES:**

The meeting was called to order by Council Chair, Sue Diehl. Attendees introduced themselves and the minutes of the October 18, 2011 meeting/retreat were approved. Please note that approved minutes will be posted on MHA's Web site, <a href="www.dhmh.state.md.us/mha">www.dhmh.state.md.us/mha</a>. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

#### **ANNOUNCEMENTS:**

On November 17, 2011, the Planning Committee's review of the Implementation Report of the FY 2011 State Mental Health Plan and components of the Mental Health Block Grant Implementation Report will take place in the first floor conference room in the Mitchell Building, Spring Grove Hospital Center. The time will be from 9:00am to 12:30pm. Committee members have RSVP'd. However, additional interested members may contact Greta Carter at 410-402-8473.

#### THE DIRECTOR'S REPORT:

Brian Hepburn, M.D., Executive Director of MHA, was not able to attend; however, Al Zachik, M.D., made a presentation and was available for questions.

To enhance future Director Report highlights, Dr. Hepburn encourages members to submit questions on topics of interest to Cynthia Petion at <a href="mailto:cpetion@dhmh.state.md.us">cpetion@dhmh.state.md.us</a>.

## STATE AGENCY REPRESENTATIVE REPORT – Vira Froehlinger, Consultant in Children's Mental Health, Maryland State Department of Education (MSDE):

Dr. Froehlinger provided an update on the following MSDE collaborative efforts:

The Maryland State Department of Education (MSDE) and the Mental Hygiene Administration (MHA) have been collaborating over many years and continue to do so, to address the needs of the State's children with mental health problems from birth-21 and their families. A major initiative is the Education Mental Health Collaborative. The Collaborative's Education Mental Health Steering Committee is planned to act as an 'umbrella committee' to more effectively meet these needs. The Education Mental Health Steering Committee will include the co-chairs of the Workforce Steering Subcommittee, the Blueprint School Mental Health Committee, the PBIS/SEFEL Committee, the Early Childhood Mental Health Committee, and the School Mental Health Foster Care Committee.

As part of the collaborative effort to address the increasing need for qualified professionals and paraprofessionals to serve children with mental health needs from birth-21 and their families, the Maryland Interdisciplinary Mental Health Workforce Steering Committee assisted MSDE and MHA in the development of a set of mental health core competencies which were successfully field-tested and developed into curriculum modules for the Web. This on-line training is a component of the Virtual Training Center and offers baseline information regarding children's mental health to all interested professionals. It is particularly useful for Navigators and others who help individuals to navigate the Public Mental Health System (more information in Attachment #2). This Web-based technology can be accessed, free of charge, through the University of Maryland's Innovation Institute Web site at <a href="http://mdvtc.umaryland.edu">http://mdvtc.umaryland.edu</a> for which 10 CEUs will be awarded upon successful completion.

Additionally, as part of the ongoing collaborative effort, the Workforce Subcommittee is in the process of developing a second set of curriculum modules, which will also be Web-based and accessible, free of charge, for educators and other school-based service providers to work with children with mental health needs in schools. These modules are based on the second set of core competencies that were also successfully field-tested for educators and other providers in schools. (Please see Attachment #2.)

# PRESENTATION: OVERVIEW OF ACTIVITIES OF MHA'S OFFICE OF CHILD & ADOLESCENT SERVICES – Al Zachik, MHA Director of the Office of Child and Adolescent (C&A) Services:

Dr. Zachik updated some of the priority projects that the MHA Office of Child and Adolescent (C&A) is currently monitoring:

- System of Care (SOC) Grants MD CARES and Rural CARES which are intended to improve mental health outcomes for children and youth served by the foster care system in Baltimore City and in nine Eastern Shore counties
- Expansion of SOC planning grant to address co-occurring issues
- CHIPRA (Children's Health Insurance Program Reauthorization Act) using state demonstration projects to create a foundation for a more responsive and effective national system of quality mental health care for children
- 1915(c) Psychiatric Residential Treatment Facility (PRTF) Waiver This demonstration waiver, that diverts residential treatment center (RTC) level of care toward community-based wraparound services, is scheduled to end enrollment in the fall of 2012. It is hoped that the recipients of services would continue to receive services under the auspices of the 1915(i) waiver. However, C&A is applying for an extension to the C Waiver for sustained stability.
- 1915(i) Waiver, which would fund a broader array of home-based community services across the life span, is being submitted by MHA to the Center for Medicare/Medicaid Services. C&A has included requests for crisis response enhancement with in-home clinical interventions, Care Management Entities (CMEs) to be trained to serve a population with higher intensity needs, and peer to peer rate modifications, among others.
- Start of a study on medication risk factors within a selected group of foster children identified, findings will be shared with providers throughout the PMHS and other child-serving agencies
- Projects for which advocacy or funding opportunities are being requested:
  - o Baltimore Child and Adolescent Response System (B-CARS), since 2000, has provided a unique and comprehensive array of brief community-based services

for families and children experiencing a self-described psychiatric crisis, also provides crisis intervention services for children in traditional, kinship, or treatment foster care. B-CARS, additionally, is a crisis provider for the PRTF Waiver population. The mental health community would like this program to expand and be placed strategically around the state in areas such as Johns Hopkins Emergency Department (ED) and other EDs around the state.

- Increased support for pediatricians through strengthened connection to psychiatry for consultation on various levels - Massachusetts has an impressive model to which Maryland would like to add a rural component and social work consultation while strengthening the telemedicine component
- Start-up funds for RTCs to create individualized programs for in-home community transition services and other home visits grant funding
- o Education of Police to be more effective in dealing with C&A issues
- Development of smaller crisis centers (2-3 bed units) within communities in attempts to reduce the use of EDs.

The Office of C&A services is planning to issue a written summary of these points within the next few months and will share this with the Council at that time.

#### **COUNCIL BUSINESS:**

Discussion of the following recommendations/suggestions from the Joint Council Retreat:

- It was proposed that either a special election be held or someone from the PL 102-321 Planning Council volunteer to fill the Coordinator position until elections are held in May 2012. The Council Chair will coordinate this decision and possibly accept volunteers in November. The Chair asked the Council to consider the position and send names to her or to Robin Poponne during the course of the month.
- No proposed changes to the meeting schedule were made at this time except possibly updating the use of technology within the meetings, such as videoconferencing, to give Amendments to the description of Committees in the by-laws will be printed and addressed at a future meeting. One member proposed that the Council not meet in December since the third Tuesday was so late into the holiday season. However, after some discussion, the majority did not wish to cancel meetings since this may begin an undesired precedent of more cancellations during the year.
- Amendments to the description of Committees in the by-laws will be printed and addressed at a future meeting. *This will be addressed at a future meeting upon the printing of a draft amended document.*
- Other recommendations will be discussed at upcoming meetings.

The meeting was adjourned.

Please note, the Agenda for the January 17, 2012 Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmh.state.md.us/mha.